

Case Number:	CM15-0131993		
Date Assigned:	07/20/2015	Date of Injury:	10/04/2004
Decision Date:	08/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female, who sustained an industrial injury on 10/4/04. She reported a "crack" in her back while lifting a heavy object. The injured worker was diagnosed as having major depressive disorder, spinal stenosis of lumbar region, displacement of lumbar intervertebral disc without myelopathy and spondylolisthesis. Treatment to date has included epidural steroid injections, oral medications including Hydrocodone 10/325mg, Klonopin 1mg, Viibryd 30mg, Bupropion XL 300mg, Trazodone 200mg, Phentermine 37.5mg, Synthroid 50mcg, Spironolactone 100mg, Topamax 100mg, ASA 81mg and multivitamin and psychotherapy. (MRI) magnetic resonance imaging of lumbar spine performed on 4/16/15 revealed discogenic disease at L3-4, L4-5 and L5-S1, annular bulge at l4-5 with moderate central stenosis and left paracentral protrusion at L5-S1. Currently on 4/24/14, the injured worker complains of chronic lower back pain and bilateral lower extremities pain; she notes pain has increased over the past few months. She also reports worsening depression due to prolonged pain, disability and uncertainty about the future. She reports 50% reduction in pain with medications, and also use heat, stretching and mental diversions to relieve pain. Physical exam performed on 4/24/15 revealed tenderness of iliac crest and sacroiliac joint, tenderness of posterior superior iliac spine and greater trochanter with restricted and painful lumbar range of motion. The treatment plan in 3/23/15 included continuation of Klonopin 1mg, Viibryd 10mg, Bupropion XL 300mg and Trazadone 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Viibryd 10mg 3 tabs q HS #90 refill: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness-stress.

Decision rationale: Viibryd is a selective serotonin reuptake inhibitor (SSRI). ODG guidelines recommend Viibryd (vilazodone) for patients with PTSD (post-traumatic stress disorder) or major depressive disorder. Many treatment plans include (SSRIs) because of demonstrated effectiveness and less severe side effects. The injured worker is diagnosed with (PTSD), however there is no documentation stating the efficacy of the medication for this injured worker. Additionally, there is report of worsening depression without discussion of adjustment of medication. The request for Viibryd is not medically necessary.

Bupropion XL 300mg 1 tab q AM #30 refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

Decision rationale: Per ODG guidelines, there are no antidepressant medications that have been shown to be efficacious for treatment of lumbosacral radiculopathy. MTUS guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Specifically, bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. In this case, there is documentation of a history of depression and insomnia; however the efficacy of the medication related to the injured worker's symptoms is not documented. The documentation provided does not comment on previous medications tried, without this information this request is not medically necessary.

Trazodone 200mg 1 tab q HS #30 refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and stress, Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness-stress, Trazodone.

Decision rationale: Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. In this case, there is documentation of a history of depression and insomnia; however the efficacy of the medication related to the injured worker's symptoms is not documented. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Klonopin 1mg 1 tab q HS #30 refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to CA MTUS Guidelines, Benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Clonazepam (Klonopin) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Clonazepam for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There are no guideline criteria that support the long-term use of benzodiazepines. The injured worker has a diagnosis of major depressive disorder. She has received Klonopin since at least 1/21/13. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.